

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769026

1. Entity Name

CATALINA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

FILED

00 JAN 12 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1303 S ATLANTIC AVE. DAYTONA BCH. FL 32118-4803	Mailing Address 1303 S ATLANTIC AVE. DAYTONA BCH. FL 32118-4803
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2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2342835	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GANDY, BERNADETTE
5970 SAWGRASS POINT DR
PORT ORANGE FL 32124

7. Name and Address of New Registered Agent

Name: *MICHAEL A. PYLE*

Street Address (P.O. Box Number is Not Acceptable):
1265 W. GRANADA SUITE 1

City: *ORMOND BEACH* FL Zip Code: *32174*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* MICHAEL A. PYLE, 01/06/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANDY, BERNADETTE 5970 SAWGRASS POINT DR SAWGRASS PORT ORANGE FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 300003106283 -01/21/00--01057--004 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESRIUSSEAU, ROGER 803 BRIMFIELD CT PT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONAR, JAMES 2805 KINGS DEER ROAD WINTER PARK FL 32792-4311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PALLO, GEORGE 565 LANCASTER AVENUE ORANGE CITY FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, JACK 4270 CARLYSLE AVENUE TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROGER DESRIUSSEAU* *[Signature]* V.P. 1-4-00 904-253-6741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #